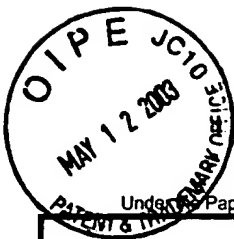


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PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	09/972,424
Filing Date	October 4, 2001
First Named Inventor	Chris E. Matichuk
Group Art Unit	2151
Examiner Name	Not yet known
Attorney Docket Number	22407-05676

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

Per 37 C.F.R. § 10.40, the client knowingly and freely assents to termination of the employment with regard to this patent/application.

**RECEIVED**

MAY 14 2003

Technology Center 2100

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Bradley J. Hulbert McDonnell, Boehnen, Hulbert & Berghoff				
Address	300 South Wacker Drive				
Address					
City	Chicago	State	IL	Zip	60606-6709
Country	USA				
Telephone	(312) 913-0001	Fax	(312) 913-0002		

- ☒ This request is made on behalf of myself and  
☒ all the attorneys/agents of record,  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☐ the attorneys/agents associated with Customer Number \_\_\_\_\_  
on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Laura A. Majerus, Reg. No.: 33,417
Signature	<i>Laura Majerus</i>
Date	05/05/03

**NOTE:** Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

22407/05676/DOCS/1345669.1